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Web Announcement 399

## All-Inclusive Facility Rates Established for Cochlear, BAHA, Baclofen and VNS Surgical Implants

Nevada Medicaid has established all-inclusive facility rates for certain surgical implants billed by provider type 12 (Outpatient, Hospital). The established all-inclusive rates include the HCPCS device and associated ambulatory surgical centers (ASC) payment groups for the CPT surgical procedures.

The following table displays the affected facility-bundled codes and the established rates. In order for claims with these codes to adjudicate correctly, bill the following HCPCS codes in UB-04 Field 44 (HCPCS/Rate/HIPPS Code). Bill all other services rendered on the same day in conjunction with these devices in Field 48 (Non-Covered Charges) due to the all-inclusive rate.

HCPCS code	Description	All-inclusive facility rate
L8614	Cochlear Device	\$19,426.50
L8690	Bone-Anchored Hearing Aid (BAHA) Device	\$8,324.50
L8685/L8687	Vagus Nerve Stimulator (VNS) Rechargeable Device	\$18,452.94
L8686/L8688	VNS Nonrechargeable Device	\$18,452.94
E0782	Baclofen Nonprogrammable Device	\$6,515.00
E0783	Baclofen Programmable Device	\$10,603.00

The facility is required to obtain prior authorization for the above-listed HCPCS procedures.

The physician/surgeon is required to obtain prior authorization for the surgical procedure(s).

For complete policy coverage and limitations for these surgical implants/devices, please review [Medicaid Services Manual \(MSM\)](#) Chapter 2000 for Cochlear Implant and BAHA System Implant and MSM Chapter 600 for Intrathecal Baclofen Therapy and the Vagus Nerve Stimulator.